



TARGET CHANGE FORM

<input checked="" type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> Rating Period, FY _____			
Name of Ratee:			
Position/Rank:			
Designation:		Office:	
ORIGINAL PERFORMANCE INDICATOR (Based from Approved IPCR/DPCR/OPCR)	Proposed Amendment	Justification	Remarks of Rater
Key Results Area: Q: E: T:			[ ] Approved [ ] Disapproved  Remarks:
Key Results Area: Q: E: T:			[ ] Approved [ ] Disapproved  Remarks:
Key Results Area: Q: E: T:			[ ] Approved [ ] Disapproved  Remarks:
Key Results Area: Q: E: T:			[ ] Approved [ ] Disapproved  Remarks:
Key Results Area: Q: E: T:			[ ] Approved [ ] Disapproved  Remarks:

You may use additional sheets when necessary.

Prepared by: \_\_\_\_\_  
Position: \_\_\_\_\_

Date: \_\_\_\_\_

Recommending Approval: \_\_\_\_\_  
Position: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_  
Position: \_\_\_\_\_

Date: \_\_\_\_\_